Chair Noor and Members
House Human Services Finance and Policy Committee
Minnesota House

March 18, 2026

Dear Chair Noor and Members,

The Consumer Advocates Coalition writes to express our overall support and concerns for the restraints provisions in **HF 4212**, which aims to ensure residents in assisted living are protected from unnecessary and traumatic restraints usage.

The Elder Care and Vulnerable Adult Protection Act of 2019 achieved multiple milestones – creation of a license for assisted living facilities (Minnesota being one of the last states in the nation to do so), an establishment of a Bill of Rights for Assisted Living, and expansion of the Office of Ombudsman for Long-Term Care. One mutual goal that was not achieved was the establishment of statutory language to guide providers in determining appropriate and inappropriate use of restraints as well as a process for reporting if a restraint was used. After almost five years, we are gratified to see language that provides this support to providers and residents in HF 4212.

The Consumer Advocates Coalition greatly appreciates the collaboration with the Long-Term Care Imperative, Residential Providers Association of Minnesota, the Department of Health, and the Department of Human Services to identify the language presented in this bill. Thank you, Representative Virnig, for your leadership on this complex issue.

Since assisted living licensure was implemented in 2021, the law has been silent on restraint usage in assisted living facilities. This lack of direction has created concerns for all parties, including the use of a mechanical restraint such as bed rails and the use of a chemical restraint such as medication used with people who have dementia.

Last session, Senator Hoffman authored SF 2934. This language is preferred by the Consumer Advocates Coalition because it specifically prevents the use of any restraints for staff convenience and provides an avenue for therapeutic use of a restraint to “protect the rights, health, and welfare of the resident” (5.27 of SF 2934 as introduced). This balance is important to many residents in assisted living facilities.

Having access to therapeutic assistance such as bed rails is supportive to many residents. In some cases, bed rails assist residents with independently getting into and out of bed. While appropriate assessments and informed choice and consent are essential in ensuring safe use of bed rails, the elimination of this language in HF 4212 may prevent residents from having access to an assistive

device that helps them enjoy greater independence and reduces the need for staff to provide more intensive services.

Including a prohibition on chemical restraint usage for staff convenience also improves outcomes for residents in memory care units. Residents in one memory care unit were offered hand massages in the early evening. The cream used contained sedatives that prompted all residents in the unit to be asleep by 6 pm, regardless of person-centered care plans. This use of a chemical restraint specifically for staff convenience should be prohibited.

The current absence of any language surrounding restraints is concerning as providers have widely varying interpretations of how to respond to escalating situations to achieve and maintain safety. Advocates have heard from law enforcement that some assisted living providers are uncertain of how to respond in these situations. We are deeply concerned that we don't know what we don't know surrounding the emergency use of manual restraint as there are currently no training, documentation, or reporting requirements. We appreciate that HF 4212 includes reporting requirements and includes that all staff who may apply an emergency manual restraint receive training on de-escalation techniques and their value, principles of person-centered planning and service delivery, cultural competence, situations where staff must contact 911 services in response to an imminent risk of harm, and prohibited practices, including why such practices are not safe and are not effective at reducing or eliminating symptoms or interfering behavior.

These concerns need to be addressed. HF 4212 takes a significant step forward to ensuring inappropriate restraint usage does not occur in assisted living while maintaining residents' ability to receive the person-centered therapeutic-goal oriented care they deserve.

For these reasons, we respectfully urge the committee to support HF 4212 and consider adoption of the language heard last year in SF 2934.

Thank you for your leadership on behalf of older adults and vulnerable Minnesotans.

Sincerely,

Consumer Advocates Coalition

The Long-Term Care IMPERATIVE

A Minnesota Collaboration for Changes in Older Adult Services

March 18, 2026

To: Senator Melissa Wiklund, Representative Bianca Virnig
CC: Members of the Senate & House Human Services Committees

RE: SF4418

Dear Sen. Wiklund and Rep. Virnig:

Thank you for the opportunity to share feedback on SF 4418, the MDH policy bill, and in particular, Article 3.

When this policy issue was last before the committee, the LTCI had serious concerns with the proposal and a confusing regulatory framework that implicitly established use of restraints in assisted living facilities while also prohibiting them.

We appreciated the opportunity to work with the Dept. of Health and advocates over the interim. Since last session, we have been able to work through many of our concerns:

- The language of the bill now specifies that training is not required for facilities that have a policy prohibiting the use restraints within their settings;
- The language of the bill now clarifies that use of restraints by others, including law enforcement or emergency personnel, are not the reporting responsibility of the facility; and
- The amendment today will align reporting obligations of emergency use of restraints to be consistent with existing reporting obligations in state law.

We hope to continue to work with MDH and others to resolve one outstanding matter: to ensure that residents who choose to use a device like a bed side rail can continue to do so without that use constituting a violation of a no-restraints policy within assisted living facilities.

Thank you for the opportunity to share our feedback with you.

Respectfully,

Erin Huppert
VP Advocacy, LeadingAge MN
LTC Imperative

Kyle Berndt
Sr. Director Advocacy, Care Providers MN
LTC Imperative

MDH Human Services/Long-Term Care Policy Bill

SF 4418 (Wiklund)/ HF 4212 (Virnig)

Article 1: Supplemental Nursing Services Agency Survey Compliance

Supplemental Nursing Services Agencies are required to comply with state registration requirements under Minn. Stat. 144A.72. In some cases, the Department has experienced delays when facilities have not provided requested records in a timely manner, hindering survey and enforcement processes.

This proposal clarifies that the Commissioner must be given access to relevant information, records, incident reports, or other documents when requested. If a facility denies access, the Department may bring enforcement action. This change strengthens oversight authority and ensures timely compliance to protect residents and maintain accountability.

Article 2: Chapter 144D Clean Up

Chapter 144D (Housing with Services establishments) was repealed in 2019 when Minnesota established the assisted living licensure framework under Chapter 144G. However, references to Chapter 144D remain throughout current statute. This technical housekeeping proposal removes obsolete statutory references to the repealed chapter and makes conforming updates.

Article 3: Restraints in Assisted Living

When Minnesota established assisted living licensure under Chapter 144G in 2019, the statute did not address the use of restraints. As a result, current law is silent on when and how restraints may be used in assisted living settings, leading to confusion and inconsistent practice.

This proposal establishes clear statutory standards governing the use of restraints in assisted living facilities. It prohibits restraints except in limited circumstances, permits emergency manual restraint only in situations involving imminent risk of harm, and requires documentation, reporting, and staff training. The proposal strengthens resident protections, improves transparency and accountability, and provides clearer expectations for providers while supporting resident health and safety.

Article 4: Change of Ownership Clarifications

When an assisted living or home care provider undergoes a change of ownership, questions often arise regarding responsibility for outstanding fines and compliance orders. Current statutory language has led to confusion among licensees and stakeholders.

This proposal clarifies that after a change of ownership, the new licensee is responsible for any outstanding fines, fines assessed after the effective date of transfer, and for bringing the facility into compliance with any existing correction orders or conditions. The change provides clarity, strengthens accountability, and ensures continuity of regulatory oversight during ownership transitions.